

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of



DECISIONCase #: MPA - 174976

PRELIMINARY RECITALS

Pursuant to a petition filed on June 9, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability regarding Medical Assistance (MA), a hearing was held on August 31, 2016, by telephone.

The issue for determination is whether the Department erred in its denial of PA request genetic testing.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, WI 53703

By: (in writing)

Division of Health Care Access and Accountability PO Box 309

Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES #) is a resident of Monroe County.

- 2. Petitioner is a 3 year old male with Wolff-Parkinson-White syndrome and other health anomalies.
- 3. Petitioner's provider requested authorization for whole exome sequencing at a cost of \$4,150.
- 4. The Department denied the procedure.
- 5. Petitioner appealed.

DISCUSSION

The Department denied this particular request on the basis that the request is for a large gene panel that the requesting provider agrees is 70% likely to not yield helpful results. The Department argues that such a broad test is not cost-effective and is experimental in nature in that the provider appears to simply be hoping to find something.

The provider at Mayo Clinic argues that a more specific test of limited gene or genes would likely be more costly and only extend the time to obtain helpful information.

When deciding whether to approve request, the department must consider the general prior authorization criteria found at Wis. Admin. Code, § DHS 107.02(3), including whether the request is medically necessary. To be considered medically necessary, a medical assistance service must meet the following criteria:

"Medically necessary" means a medical assistance service under ch. DHS 107 that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury, or disability; and
- (b) Meets the following standards:
- 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability; ...
- 3. Is appropriate with regard to generally accepted standards of medical practice; ...
- 5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;
- 6. Is not duplicative with respect to other services being provided to the recipient;
- 8. ...[I]s cost effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and ...
- 9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Wis. Admin. Code, § DHS 101.03(96m).

The provider has the burden of proving that the requested service is necessary. Wis. Admin. Code, § DHS 107.02(3)(d)6.

The department's guidelines allow genetic testing when the test's results specifically allow medical providers to

develop a clinically useful approach or course of treatment or to cease unnecessary treatments or monitoring. Clinically useful tests allow providers to treat current symptoms significantly affecting a member's health or to manage the treatable progression of an established disease.

ForwardHealth Update, No. 2014-37. See also Medicaid Online Provider Handbook, Topic 16957.

The petitioner's doctor has presented that if everything goes well, genetic testing could lead to a course of treatment. But this still is only a 30% chance that it will lead to clinically useful treatment. This still means that a procedure that costs over \$4,000 will probably not lead to any results. The petitioner has not shown by the preponderance of the currently available evidence that the requested testing is medically necessary or cost-effective.

CONCLUSIONS OF LAW

The department correctly denied the petitioner's requested genetic testing because he has not shown by the preponderance of the credible evidence that it is medically necessary.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison
Wisconsin, this 3rd day of October, 2016

John P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 3, 2016.

Division of Health Care Access and Accountability